

All appropriate information

Sign the request form

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## **Transferring GED Scores to/from New Jersey**

State of New Jersey
Department of Education
Office of GED Testing
PO Box 500
Trenton, NJ 08625-0500
www.state.nj.us/education/

1 PLEASE PRINT ALL INFORMATION				
Name Last	First		MI	
Name at time of test if different from above:				
Pate of Birth Social Security Number				
Place of Testing (City or School)  Date of Testing				
Current Address (Street / PO Box # / Apt)				
City / State / Zip Code				
Daytime Phone Number				
I authorize the New Jersey State Department of Education to send my GED transcript to the GED Office in the State where I currently reside.				
Signature of Person Who Took The Test		Date		
Sign X	-			
2 ☑ Check As Many As Apply	#	Please Allow 4-	6 Weeks For	Processing
Transcripts – number requested		@ \$ 5.00 each =	\$	
Corrections to Record See Reverse: Corrections		@ \$ 10.00 each =	\$	
Transfer your previous GED Scores to NJ		@ \$ 15.00 each =	\$	
Transfer your previous NJ GED Test records to another state.  (Permissible only if NJ credential not previously issued)		@ \$ 5.00 each =		
*All fees are considered processing fees and are Non-refu	ndable	Total	\$	
3 SEND ONE MONEY ORDER ONLY WITH TOTAL AMOUNT PAYABLE TO TREASURER – STATE OF NEW JERSEY				
Return this form along with the appropriate payment to;				
NJ Department of Education				
Office of GED Testing				
PO Box 500 Trenton, NJ 08625-0500				
4 Did you complete the following?	UUZJ-		Yes	No

Enclose one money order for total amount payable to: Treasurer- State of NJ

No Personal checks accepted. ! Important! No Personal checks accepted.

### Name (s) and address (es) to which GED information is to be sent to: Please print clearly (no abbreviation). The U.S. Post Office will not deliver without a complete address. Address # 1 Address #2 For additional mailing addresses please attach a separate piece of paper. **Corrections To Your Record** Name Correction - Record corrections permitted within 6 months of document issue. From: Enclose the following Copy of legal document required documentation Copy of social security card Original diploma, if issued verifying correct name with this request: Correction of Date of Birth From: Enclose the following Certified copy of your birth required documentation certificate must be with this request submitted with this request form **Correction of Social Security Number** To: Enclose the following \_ required documentation Copy of social security card with this request: Transfer your out - of - state GED scores to NJ (\* Permissible only if a GED credential was not issued by another state) From (State): This form must be completed and mailed to this office You must contact the state where you tested and request with a \$15.00 money order in order to process the that an official transcript of scores be sent directly to this out - of - state scores. office. (See front page for mailing address) NJ GED Testing is open to New Jersey residents only.

# **FYI**

### **GED Transcript Request**

An official GED transcript is a document certifying the highest scores earned on the Test of General Educational Development (GED). The transcript also verifies whether an individual has been issued a state high school diploma.

#### **Diploma Verification**

An official verification validating the issuance of a New Jersey Diploma through a method other than test of General Educational Development (GED).

**Please Note:** The Department of Education maintains GED records only for those individuals who tested at authorized GED Testing centers in NJ. The office does not maintain records for individuals who tested at federal correctional institutions; tested in another state or through the military (unless a prior request and payment have been accepted); or who graduated from a local school district high school or adult high school.

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